



**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Our Docket No.: **E252.12-0008**

Date: April 12, 2004

First Named Inventor: **Roger L. Frick**

Title: **ELECTROMAGNETIC RESONANT SENSOR**

Express Mail No.: **EV 302263776 US**



**APPLICATION ELEMENTS**

**ADDRESS TO:**

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

1. ☒ Fee Calculation Sheet  
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status

3. ☒ Specification Total Pages **[42]**  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed. Sponsored R&D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claims  
- Abstract of the Disclosure

4. ☒ Drawings (35 U.S.C. 113) Total Sheets **[24]**

5. ☒ Oath or Declaration Total Pages **[2]**  
a. ☒ Newly Executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)

**[Mark Box 5 below]**

I. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)  
8. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all necessary*)  
a. ☐ Computer Readable Copy (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies; or  
ii. ☐ Paper  
c. ☐ Statements verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))  
10. ☒ 37 C.F.R. 3.73(b) Submission  
☒ Power of Attorney  
11. ☐ English Translation Document (*if applicable*)  
12. ☐ Information Disclosure Statement with copies of Citations as necessary  
13. ☐ Preliminary Amendment Total Pages ☐  
14. ☒ Return Receipt Postcard (*Should be specifically itemized*)  
15. ☐ Certified Copy of Priority document(s) (*If foreign priority is claimed*)  
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent  
17. ☐ Other

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner ☐ Group Art Unit ☐

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

ATTY NAME  
AND REG. NO.

**David R. Fairbairn,  
Reg. No., 26,047**

SIGNATURE:

ADDRESS

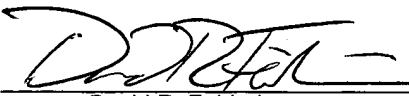
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Minneapolis, MN 55415-1002**

TELEPHONE

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**FAX: (612) 339-6580**

| FEE TRANSMITTAL   |                       | Complete if Known  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|---|-----------------------|--|-----------------------|--|------------------------------------|-----------------------|-----------------------|-----------------|----------|------|--|------|-----|-------------------------------------|-----|--|------|------|------|--|---|------|-----|------|-----|---|-----------------------|------|-------|------|-------|--|---------------|---------|-------|----------------|----------|--|-----------|------|-----------|------|------------------------------------|---|----------|------|----------|------|-----------------------------------|--|---|------|-------|-------|-----|---|-----------------------|-----------------------|-----------------------|-------------|-------|--|------|------|------------------------|------|-----|--|----|-----------------------------------|------|------|------|--------------------------|--------------------------|------|-----|------|----|---|------|------|------|------|---|----------------------------------|---|------|-------|------|-----|------------------------------------|---|------|-------|------|-----|---------------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|-------------------------------|---|------|----|------|----|---|---|------|-----|------|-----|--|---|------|----|------|----|--|-----------|------|-----|------|-----|---|---|---------------------------|--|--|--|--|---|----------------------|--|--|--|--|
|   |                       | Application No.  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|   |                       | Filing Date  | Herewith              |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|   |                       | First Named Inventor   | Roger L. Frick        |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|   |                       | Group Art Unit   |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|   |                       | Examiner Name  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Total Amount of Payment \$1,614.00  |                       | Atty. Docket Number  | E252.12-0008          |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| METHOD OF PAYMENT (Check One)   |                       | FEE CALCULATION (Continued)  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account <u>No.11-0982</u> .<br>Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed   |                       | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td>*</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>*</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td>*</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For Filing a Request for Reexamination</td><td>*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>*</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>*</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td>*</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td>*</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td>*</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td>*</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td>*</td></tr> <tr><td>1814</td><td>110</td><td>2814</td><td>55</td><td>Terminal Disclaimer Fee</td><td>*</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td>*</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td>*</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility/Reissue issue fee</td><td>*</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td>*</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td>*</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td>*</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>*</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><b>40</b></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td>*</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>*</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (3) \$40.00</td></tr> </tbody> </table> |                       | Large Entity Fee Code  | Large Entity Fee (\$)              | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee paid | 1051 | 130  | 2051 | 65  | Surcharge - Late filing fee or oath | *   | 1052                                       | 50   | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet | *   | 1053 | 130 | 1053 | 130 | Non-English specification                 | *                     | 1812 | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination | *             | 1251    | 110   | 2251           | 55       | Extension for reply within first month | *         | 1252 | 420       | 2252 | 210                                | Extension for reply within second month | *        | 1253 | 950      | 2253 | 475                               | Extension for reply within third month | * | 1254 | 1,480 | 2254  | 740 | Extension for reply within fourth month | *                     | 1255                  | 2,010                 | 2255        | 1,005 | Extension for reply within fifth month | *    | 1402 | 330                    | 2402 | 165 | Filing a brief in support of an appeal | *  | 1403                              | 290  | 2403 | 145  | Request for oral hearing | *                        | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee                         | *    | 1452 | 110  | 2452 | 55  | Petition to revive - unavoidable | * | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | * | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee | * | 1502 | 480 | 2502 | 240 | Design issue fee | * | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | * | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | * | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | * | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <b>40</b> | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | * | Other fee (specify) _____ |  |  |  |  | * | Subtotal (3) \$40.00 |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  | Fee paid                           |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1051  | 130                   | 2051   | 65                    | Surcharge - Late filing fee or oath  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1052  | 50                    | 2052   | 25                    | Surcharge - late provisional filing fee or cover sheet                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1053  | 130                   | 1053   | 130                   | Non-English specification  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1812  | 2,520                 | 1812   | 2,520                 | For Filing a Request for Reexamination                                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1251  | 110                   | 2251   | 55                    | Extension for reply within first month                                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1252  | 420                   | 2252   | 210                   | Extension for reply within second month                                    | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1253  | 950                   | 2253   | 475                   | Extension for reply within third month                                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1254  | 1,480                 | 2254   | 740                   | Extension for reply within fourth month                                    | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1255  | 2,010                 | 2255   | 1,005                 | Extension for reply within fifth month                                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1402  | 330                   | 2402   | 165                   | Filing a brief in support of an appeal                                     | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1403  | 290                   | 2403   | 145                   | Request for oral hearing   | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1814  | 110                   | 2814   | 55                    | Terminal Disclaimer Fee  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1452  | 110                   | 2452   | 55                    | Petition to revive - unavoidable   | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1453  | 1,330                 | 2453   | 665                   | Petition to revive - unintentional   | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1501  | 1,330                 | 2501   | 665                   | Utility/Reissue issue fee  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1502  | 480                   | 2502   | 240                   | Design issue fee   | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1460  | 130                   | 1460   | 130                   | Petitions to the Commissioner  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1807  | 50                    | 1807   | 50                    | Petitions related to provisional applications                              | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1806  | 180                   | 1806   | 180                   | Submission of Information Disclosure Statement                             | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 8021  | 40                    | 8021   | 40                    | Recording each patent assignment per property (times number of properties) | <b>40</b>                          |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1801  | 770                   | 2801   | 385                   | Request for Continued Examination (RCE)                                    | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Other fee (specify) _____   |                       |  |                       |  | *                                  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Subtotal (3) \$40.00  |                       |  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 2. <input checked="" type="checkbox"/> Check Enclosed<br><div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>FEE CALCULATION</b> </div> <div style="margin-top: 10px;"> <b>1. BASIC FILING FEE</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td><input type="checkbox"/> Design Filing Fee</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (1) \$770.00</td></tr> </tbody> </table> </div> <div style="margin-top: 10px;"> <b>2. EXTRA CLAIM FEES</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td><u>36</u></td> <td>-</td> <td><u>20</u></td> <td>=</td> <td><u>16</u> x <u>18</u> = <u>288</u></td> </tr> <tr> <td>Indep.</td> <td><u>9</u></td> <td>-</td> <td><u>3</u></td> <td>=</td> <td><u>6</u> x <u>86</u> = <u>516</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td>* = *</td> <td></td> </tr> </tbody> </table> <p>**Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple Dependent Claim</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>Reissue Independent Claims Over Original Patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (2) \$804.00</td></tr> </tbody> </table> </div> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$)              | Fee Description       | 1001                  | 770             | 2001     | 385  | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340 | 2002                                | 170 | <input type="checkbox"/> Design Filing Fee | 1004 | 770  | 2004 | 385  | <input type="checkbox"/> Reissue Filing Fee | 1005 | 160 | 2005 | 80  | <input type="checkbox"/> Prov. Filing Fee | Subtotal (1) \$770.00 |      |       |      |       |  | Number Claims | Prior** | Extra | Fee from Below | Fee Paid | Total                                  | <u>36</u> | -    | <u>20</u> | =    | <u>16</u> x <u>18</u> = <u>288</u> | Indep.                                  | <u>9</u> | -    | <u>3</u> | =    | <u>6</u> x <u>86</u> = <u>516</u> | Multiple Dependent Claims              |   |      |       | * = * |     | Large Entity Fee Code                   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Description | 1202  | 18                                     | 2202 | 9    | Claims in excess of 20 | 1201 | 86  | 2201                                   | 43 | Independent claims in excess of 3 | 1203 | 290  | 2203 | 145                      | Multiple Dependent Claim | 1204 | 86  | 2204 | 43 | Reissue Independent Claims Over Original Patent | 1205 | 18   | 2205 | 9    | Reissue claims in excess of 20 and over original patent | Subtotal (2) \$804.00            |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1001  | 770                   | 2001   | 385                   | <input checked="" type="checkbox"/> Utility Filing Fee                     |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1002  | 340                   | 2002   | 170                   | <input type="checkbox"/> Design Filing Fee                                 |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1004  | 770                   | 2004   | 385                   | <input type="checkbox"/> Reissue Filing Fee                                |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1005  | 160                   | 2005   | 80                    | <input type="checkbox"/> Prov. Filing Fee                                  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Subtotal (1) \$770.00   |                       |  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
|   | Number Claims         | Prior**  | Extra                 | Fee from Below   | Fee Paid                           |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Total   | <u>36</u>             | -  | <u>20</u>             | =  | <u>16</u> x <u>18</u> = <u>288</u> |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Indep.  | <u>9</u>              | -  | <u>3</u>              | =  | <u>6</u> x <u>86</u> = <u>516</u>  |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Multiple Dependent Claims   |                       |  |                       | * = *  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Description  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1202  | 18                    | 2202   | 9                     | Claims in excess of 20   |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1201  | 86                    | 2201   | 43                    | Independent claims in excess of 3  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1203  | 290                   | 2203   | 145                   | Multiple Dependent Claim   |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1204  | 86                    | 2204   | 43                    | Reissue Independent Claims Over Original Patent                            |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| 1205  | 18                    | 2205   | 9                     | Reissue claims in excess of 20 and over original patent                    |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |
| Subtotal (2) \$804.00   |                       |  |                       |  |                                    |                       |                       |                 |          |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                       |      |       |      |       |  |               |         |       |                |          |  |           |      |           |      |                                    |   |          |      |          |      |                                   |  |   |      |       |       |     |   |                       |                       |                       |             |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                          |      |     |      |    |   |      |      |      |      |   |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |           |      |     |      |     |   |   |                           |  |  |  |  |   |                      |  |  |  |  |

Signature  Reg. No. 26,047

Date 4/12/04 Deposit Account No. 11-0982